

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Dan Cross

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1408219

STREET ADDRESS

CITY

Lincoln

STATE

ZIP CODE

CA 95648

Date of This Filing

9-27-2018

Report No.

☐ Amendment to Report No. (explain below)

No. of Pages

Date Stamp

RECEIVED

SEP 27 2018

CITY OF LINCOLN

CALIFORNIA FORM

497

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9-26	Richland Developers Inc. Frvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9-26	Labors Local 185 PAC & P 870122 Small Contributor Committee Sacramento, CA 95614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$ 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____